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REPORT
No. 97-333

DEPARTMENT OF DEFENSE
APPROPRIATION BILL, 1982

REPORT

OF THE

COMMITTEE ON APPROPRIATIONS

together with

ADDITIONAL VIEWS

[To accompany H.R. 4995]



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UTILIZATION OF MEDICAL FACILITIES

For several years, the Committee has discussed the subject of low active duty utilization of medical facilities, particularly Fitzsimons and Letterman Hospitals. The Department of Defense health officials have stated that the government is wasting money in some of these underutilized areas because of political pressure.

Two years ago, the Army Surgeon General testified that "I am probably the first Army Surgeon General who has ever been willing to say that perhaps some of the Army medical centers are located in the wrong place, but don't put the padlock on the door tonight . . ." Two years have passed and there hasn't been any padlock put on any door. As a matter of fact not one step has been taken to relocate these resources.

Senate Report No. 97-67, accompanying the Supplemental Appropriations and Rescission Bill, 1981, states that "The Committee believes the Public Health Service hospital and clinic system no longer can be justified as a Federal expense The Committee is advised by the Administration that occupancy rates of the hospitals have averaged about 67 percent since 1976 compared to national minimum standards of 80 percent occupancy." Testimony reveals that there were over 100 military hospitals that reported occupancy rates of less than 80 percent or the national minimum standard. There were over 30 military hospitals below the 67 percent occupancy rate—the rate that was used as a criteria for closing PHS facilities but not a single military hospital is even being considered for closure. Certainly, the occupancy rates are informative only when interpreted in light of the location, mission, size and to some extent, the supported population, of the health care facility. Nevertheless, if the Administration's criteria for closing the Public Health Service hospitals is based on the fact that the hospitals have averaged about 67 percent occupancy rates since 1976 compared to the national minimum standard of 80 percent occupancy rates, then it would seem that at least some streamlining of the military medical facilities could be accomplished. One way to streamline operations and improve utilization of medical personnel is to close some of the underutilized military medical facilities and transfer the manpower and equipment elsewhere to better serve the active military personnel and their dependents.

ARMY MEDICAL INTELLIGENCE AND INFORMATION AGENCY

The Army Medical Intelligence and Information Agency (MIIA) is located at Fort Detrick, Maryland, and is principally funded in the intelligence budget. Additional funding is provided by the Office of the Surgeon General in Program 8. Also this Agency has used CHAMPUS funds to conduct operations. The mission of the MIIA is to produce scientific and technical medical intelligence studies and reports; administer the exploitation of foreign medical materiel for the Army; to utilize the medical research and development successes of other countries to improve U.S. efforts; and to develop, manage and control medical data bases. As accomplishments, MIIA claims: production of 120 Health Alert and Threat Summaries in support of deployed U.S. forces and for contingency planning; provision of information to medical personnel related to

114

expected diseases from Cuban and Vietnamese boat people; provision of general medical information to the Air Force in support of VIP trips to foreign countries; evaluation of dangers to medical teams designated to go to El Salvador and other politically unstable areas; and participation in planning for medical support for RDJTF deployments.

A review of the mission and particularly the past accomplishments of this Agency leads the Committee to seriously question its need and utility. The Agency appears to duplicate the efforts of other military and civilian medical hospitals, institutions, agencies, and medical libraries in the United States. The Agency is not an intelligence activity but serves as a medical information agency and as a staff support agency for the Army Surgeon General's Office.

The total direct funding estimate of the Army Medical Intelligence and Information Agency amounts to \$1,214,000 for fiscal year 1982. The Committee recommends a reduction of \$485,000 in the Operation and Maintenance account and the closing of the Army Medical Intelligence and Information Agency no later than September 1, 1982. To effect this closing by September 1, 1982, the Committee is recommending the following general provision in the bill:

SEC. 783. None of the funds provided in this Act shall be available for operation of the Army Medical Intelligence and Information Agency after September 1, 1982.

READINESS COMMAND

The Committee considered imposing a reduction to the budget of the Readiness Command with a view toward disestablishing this Headquarters. There is reason to believe the roles and missions of the Command have become unclear since the creation of the Rapid Deployment Joint Task force.

This concern was heightened when the previous Commander of the Command testified he intended to recommend abolishing the headquarters.

The Committee wants to be certain that critical missions would continue to be carried out should Readiness Command be abolished or reorganized in a major way. Certain essential transportation and communication functions and units come under this headquarters. Precipitous action to dissolve the Command at this time could well be counter-productive both from a fiscal and organizational standpoint even though the record suggests that major changes are warranted.

Given this misgiving, the Committee recommends full funding for the Readiness Command headquarters and will pursue the matter in next year's hearings, hopefully, leading to a Committee decision in connection with the fiscal year 1983 budget.

The Department of Defense and Readiness Command leaders should prepare themselves for questioning as to the future requirements for this headquarters to include the planning for alternative command arrangements.

The Rapid Deployment part of our overall doctrine, into account, it is not achievable. In so doing, forward basing.

This Subcommittee's assumptions are assumed by this Subcommittee of strongly suggest that agreements or approvals

EQUAL

The Air Force budget start a new journal of the Institute of Journal by a civilian firm and "actions" produced in-house that such an important opportunity policies than be farmed out is deleting the request.

The Navy has requested fiscal year 1982 in ment as an equal that it is important of minority personnel when the Committee additional minority would be targeted to engineers, the Navy Committee is consequently prior to requesting in a position to provide audiences, the anti result, and so forth.

In July the Administration the Congress which visual and related the reduction was appropriation even appropriations for visual activities.

The Air Force reallocate this request feasible of accomplishing audio-visual programs.

WORLD WIDE

The bill as reported of \$16 million in